



Arizona Early Intervention Program (AzEIP)

Billing Manual

**Team-Based Model
Revised
November 1, 2010**

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Please read this manual carefully and contact us if you have any questions.

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ADES Mission Statement

The Arizona Department of Economic Security (ADES) promotes the safety, well-being, and self sufficiency of children, adults, and families.

AzEIP Mission Statement

The mission of the Arizona Early Intervention Program is to enhance the capacity of families to support their infants and toddlers with delays or disabilities to thrive in their homes and communities.

Billing Procedures

This Early Intervention Services Billing Manual contains important details regarding proper billing procedures, including definitions and information regarding the Current Procedural Terminology / Healthcare Common Procedure Coding System (CPT / HCPCS) procedure codes and the proper use of each code. In addition, this manual provides procedures for billing contracted services, including team lead activities and team conferencing. This manual applies to services provided under the DES/AzEIP Phase One Team-Based Model Contracts only.

Team Lead and Team Conferencing billable functions are unique features in the Team-Based Model. There are basic requirements and limitations to billing for team lead and team conferencing. Chapter 2 provides a description of the requirements and limitations.

Each of the Chapters related to Core Team and Non-core team services follow a general format which includes the CPT/HCPC Procedure Codes and accompanied modifiers needed to include in billing for services under the contract.

Appendices include definitions under this contract, the rate table, and a billing matrix, which provides a general overview of the billing procedures by service.

Timely Submission of Billing Invoices

No later than the 15th day following each month during the contract term the Contractor shall submit billing invoices DES/AzEIP in the form set forth in the contract. Failure to submit accurate and complete billing invoices by the 15th day following the end of a month may result, at the option of the Department, in retention of payment. Failure to provide such report within 45 days following the end of a month may result, at the option of the Department, in a forfeiture of such payment.

No later than the 45th day following the termination of this contract, Contractor shall submit to the DES/AzEIP a final billing invoice. Failure to submit the final invoice within the above time period may result, at the option of the Department, in forfeiture of final payment.

CHAPTER 1

Initial Planning Process Billable Units

The Contractor shall bill no more than the total/sum of all units identified below, per child, during the initial planning process. The chart outlines unit utilization for potential functions during the initial planning process; not every function is implemented with each child referred and therefore not all units will be billed for each child. Additional units may be authorized only with prior approval from DES/AzEIP on an individual family/caregiver basis. The proceeding chapters provide the specific information needed to bill the IPP units.

Function	Unit Utilization (Natural/Evaluation/Service Coordination Rate)	
	PT/OT/SLP/ DSI	Service Coordination (includes travel time, as appropriate)
1. Receives referral (phone, fax, web).		0.5
2. If needed, schedules and completes a developmental screening, gathers other information, and provides information about Family Cost Participation.		2.5
3. If needed, schedules and conducts a developmental evaluation – determines AzEIP eligibility.	Depends upon team configuration (E.g., 2 Evaluation rates or 1 Evaluation rate and ≤ 3 DSI Natural Rate units)	
4. Coordinate with AzEIP service providing agency (ASDB, DDD) to determine if eligible for agencies and, if eligible, schedule initial IFSP meeting. If eligible, ensures family has appropriate Family Cost Participation materials.		1.0
5. a. If eligible for an AzEIP service providing agency (ASDB, DES/DDD): (i) conduct assessment, including identification of family priorities, resources and concerns as guided by the family, and (ii) one member of the multidisciplinary evaluation team attends the initial Individualized Family Service Plan (IFSP), at which point implementation of the IFSP, including provision of ongoing early intervention services as identified on the IFSP, will be transitioned to DES/DDD and/or ASDB in accordance with the child's eligibility.	2.5	
5. b. If eligible for AzEIP-only, (i) one member of the multidisciplinary evaluation team conducts the assessment, including identification of family priorities, resources and concerns as guided by the family, and (ii) together with the service coordinator conducts initial IFSP.	2.5	2.0

CHAPTER 2

Team Lead and Team Conferencing

Team Lead

1. The designated Team Lead, there should only be one per child, shall bill as the Team Lead and his\her specific discipline (i.e. Team Lead/Physical Therapy, Team Lead/Developmental Special Instruction) using CPT Procedure codes and modifiers as outlined in the following chapters.
2. In addition to billing for the time spent directly working with each family, the Team Lead may bill a maximum of one additional unit per month for team lead activities that do not include direct contact with families, and are conducted on behalf of a family and child. This additional team lead unit shall be billed at the clinic rate since it does not require direct work with the family and child.
 - a. This additional billable unit is unique to the Team Lead for each family and shall not be billed by any other team member.
 - b. Unless otherwise directed by DES/AzEIP, the contractor is NOT expected to bill public or private insurance for this one unit of Team Lead service.

Team Conferencing

1. Each core team discipline shall bill up to a maximum of .75 units (45 minutes) per quarter (i.e., .25 unit per month) for team conferencing for a child/family unless otherwise pre-approved by DES/AzEIP in writing. Team conferencing will be billed using the specific procedure codes for OT, PT, SLP, DSI and Service Coordination and modifiers as outlined in the following chapters.
2. The core team as a whole shall, therefore, may bill up to 3.75 units per quarter (i.e., 1.25 units per month) unless otherwise pre-approved by DES/AzEIP in writing.
3. Billing for team conferencing quarters for each child must align with the calendar quarters (January-March, April-June, July-September, and October-December).
4. Core teams that have more than one individual of the same discipline (to provide the needed FTE or due to team expansion) shall only bill for the time of one individual/discipline per child.
5. Unless otherwise directed, the Contractor is not required to bill public or private insurance for the team conferencing units.

Discipline (representing one individual)	Maximum Monthly Billing per Child	Maximum Quarterly Billing per Child
DSI	.25	.75
OT	.25	.75
PT	.25	.75
SC	.25	.75
SLP	.25	.75
TOTAL	1.25	3.75

CHAPTER 3

GENERAL SERVICES REQUIREMENTS OT, PT, SPT, DSI

Introduction

The general service requirements that apply to Individualized Family Service Plan (IFSP) Early Intervention Team-Based Services occupational therapy, physical therapy, speech-language pathology, and developmental special instruction are described below. Any exceptions to this general information that apply to specific services are noted in the chapters that follow.

Procedure Codes

Each service provided under this contract is billed using a designated Current Procedural Terminology (CPT) code, which is a 5-digit numeric code or Healthcare Common Procedure Codes System (HCPCS) code, which contains five-digit alpha-numeric codes used to identify those coding categories not included in the American Medical Association's Current Procedural Terminology (CPT) codes. The first digit in a HCPCS (pronounced "hick-picks") code is a letter.

Modifiers

Since CPT & HCPCS codes are universal codes used by providers in all types of settings, modifiers are necessary. To ensure the proper unit rate is applied modifiers have been assigned to designate specific functions and/or types of service being billed. Where services or characteristics of services were unique and a CPT or HCPCS code could not be identified, a code was established.

Modifier	Description
[TL] Designation of early intervention service	Designates the service as an early intervention service (0-3). Since all services provided by AzEIP through contracts are for children, birth to three, services billed to DES/AzEIP under this contract will not need to use this modifier. Services provided under this contract and billed to public or private insurance may require the use of the TL modifier.
[TLD] Team Lead activities directly with family	IFSP Services provided directly with the family by the designated team lead, of OT, PT, SLP, or DSI.
[TLN] Team Lead activities not directly with the family	Activities team lead performs on behalf of the family. Allowable billable activities are: <ul style="list-style-type: none">○ Synthesizing progress on IFSP across all IFSP team members resulting in a single quarterly report.○ Communication with health care, child care or educational providers with whom the family is involved, for the purpose of gathering information to inform the IFSP team or sharing information to support the child in the other settings.○ Ordering Assistive Technology equipment or other devices to assist the family in achieving an outcome.
[TC] Team Conferencing	Time participating in Team Conferencing activities as described in Chapter 2.
[A] Assessment	SEE Chapter 4 for a detail description of Assessment

[UN] Multiple Children 2	Team lead or other IFSP team members are providing services to a family with 2 children in the same home or other environment.
[UP] Multiple Children 3	Team lead or other IFSP team members are providing services to a family with 3 or more children in the same home or other environment.
[M] IFSP team member(s) participation in IFSP meetings, and transition conferences	This modifier is used by core team members, excluding service coordinators or a team member acting as a dual role service coordinator, when attending an initial, annual, other or 6 month IFSP meeting, transition conference and/or IEP meeting.
[SCD] Service coordination directly with the family	Service coordinator works directly with the family, such as conducting screenings, facilitate IFSP meetings and facilitating transition planning conference.
[SCN] Service coordination not directly with the family	Service coordinator conducts activities on behalf of the family, such as assisting the family in accessing community resources, making monthly contact with the family, identifying non-contractor services per IFSP, and contacting and coordinating with programs that the family may be interested when the child turns 3.
[SDF] Service Coordinator Data Function	Data entry into ACTS 4-A by someone other than the service coordinator. This does not include billing entering billing through the invoice maker.

Provider

Qualifications The services under this contract must be provided by qualified personnel in accordance with the AzEIP Comprehensive System of Professional Development Policy, Chapter 9, and appropriate state licensure, when required.

Definitions Each service provided must meet the definition and intent of the services identified under IDEA, Part C and AzEIP Policies and Procedures. (See Appendix “A” Definitions).

Service Units

Each service has a defined unit for billing purposes.

Rates

All services are billed at the Natural or Clinical Rate, with the exception of the Team Conferencing and Service Coordination. Team Conferencing is billed at the clinical rate. Service Coordination is billed as direct or non-direct and explained in greater detail in Chapter 10.

- A. Natural Rate: Early intervention services shall, to the maximum extent appropriate to the needs of the child, be provided in the natural environment.
 - i. Natural environments are those settings that are natural or normal for the child’s age peers who have no disabilities.
 - ii. The natural rate is billed when the early intervention professional provides direct services to the child and/or family in the natural environment.
 - iii. Travel time and mileage are not billed separately as they are built into the rate.
 - iv. The unit rate also includes completion of documentation requirements.
- B. Clinic Rate: Service provided in a non natural environment or provider location will be billed at the clinic rate. Early intervention may only be provided in an environment other than a natural environment when the outcomes cannot be achieved in a natural environment. In these rare instances, the Justification page of the IFSP must be completed, including the justification for the decision with a timeline to bring the service into the natural environment. The timeline should be no longer than three months.

- i. The unit rate includes completion of documentation requirements.
 - ii. Team Lead activities on behalf of the family, but not with the family are billed at the clinic rate.
- C. Evaluation Rate: The Evaluation rate may only be billed when a professional is evaluating a child to determine initial eligibility (i.e., during the initial planning process) or to determine continuing eligibility.
 - i. The evaluation unit of service is one complete evaluation, including documentation, such as report writing.
 - ii. Travel time and mileage are included in the rate and may not be billed separately.
- D. Assessment: Activities are billed at the Natural/Clinical Rate for each individual discipline. All initial and ongoing assessments are conducted during regular home visits and should be billed at the natural rate.
- E. Multiple Children Rates: These rates apply when the service is provided to more than one child, such as when two eligible children (i.e. twins, siblings or children in foster care) are in the same home or care giving setting.

Service

Authorization

AzEIP has set forth maximum units available to the team during the initial planning process, which includes referral through the initial IFSP meeting. The chart in Chapter 1 outlines the units available to the team, by discipline, throughout the initial planning process. Additional units must be authorized by DES/AzEIP.

The IFSP team is the authorizing body for determining the service type, frequency, intensity, and duration, and start and end date necessary to support the family and child in achieving the identified outcomes. Therefore, the IFSP services provided must be documented on the IFSP supports and services page.

Service Limitation Billing for some services may have limitations. Any limitations are set forth in each of the following chapters.

Documentation All Services are subject to state and federal audit. All disciplines are required to complete documentation in accordance with applicable State law, licensing regulations, and DES/AzEIP policies and procedures.

Chapter 4 ASSESSMENT

Procedure

CPT/HCPCS code:	97530 [A]	Occupational therapist
[Modifier]	97110 [A]	Physical therapist
	92506 [A]	Speech-language pathologist
	S9445 [A]	Developmental Special Instructionist
	T1027 [A]	Social Worker
	99999 [A]	Psychologist

Provider Qualifications Meet AzEIP Personnel Qualifications

Definition

Assessment is:

- (a) the gathering and/or synthesis of information about a child's unique strengths and needs, which is documented on the IFSP Child's Present Levels of Developmental page
- (b) identification of family resources, priorities and concerns related to their child's development, which is documented IFSP Family Resources, Priorities, Concerns and Interests page

Assessment supports the development of IFSP outcomes and the identification of supports and early intervention services necessary to meet IFSP outcomes.

Examples of assessment include:

- The discussion of a child's unique strengths and needs during an annual IFSP. Discussion is informed by the early intervention professionals' ongoing and recent interactions with a family, and may or may not include use of a formal assessment tool.
- Use of a criterion-referenced assessment tool to gather information when early intervention professionals' have not had recent interactions with the family and/or the child has experienced significant changes.
- When a new early intervention professional joins the family's IFSP team.
- The discussion of a family's priorities during the IFSP meeting.

Service Unit 1 hour, billable in 15 minute increments.

Rate See Appendix B. Assessment is billed at the discipline rate.

Service Authorization If conducted outside the initial and/or annual IFSP meeting, assessment must be authorized in the child's IFSP. The date of service must be within 45 days of parental consent on the IFSP or on the IFSP Planned Start Date if that date is greater than 45 days.

Service Limitation No more than 2 billable units per assessment, unless otherwise approved by DES/AzEIP. If the team member conducts an assessment during an IFSP meeting, use the discipline specific procedure code and modifier for Meeting [M], NOT the modifier for Assessment [A]

Documentation Corresponding IFSP pages and visit notes, when appropriate

CHAPTER 5
SECTION 1
OCCUPATIONAL THERAPY EVALUATION

Procedure	
CPT/HCPCS code:	97003 EI Occupational Therapy Evaluation
Provider Qualifications	AzEIP Personnel Qualifications
Definition	See Appendix A.
Service Units	The unit of service for Evaluation is one complete evaluation, including report writing, regardless of the length of time taken to conduct the evaluation. The Natural Evaluation Rate for therapists includes travel time and mileage; a therapist billing the Natural Evaluation Rate will not bill travel time or mileage.
Rate	See Appendix B.
Service Authorization	Eligibility/Re-eligibility Determination for AzEIP
Service Limitation	Evaluations are conducted (and billed) for two purposes only 1) to determine a child's initial eligibility for AzEIP, and 2) to re-determine a child's continuing eligibility for the program.
Documentation	AzEIP Developmental Evaluation Report; See Team-Based Model Manual

SECTION 2
REVIEW OF RECORDS – ELIGIBILITY DETERMINATION

CPT/HCPCS code:	97530 [C] Occupational Therapy
[Modifier]	
Provider Qualifications	Meet AzEIP Personnel Qualifications
Definition	One member of the child's AzEIP Multidisciplinary Team (MDT) reviews an existing evaluation completed by a professional, of the same discipline, outside of AzEIP. The AzEIP MDT member, of the same discipline, reviews the evaluation to determine if there is current and sufficient data to use as a second source in determining AzEIP eligibility. The AzEIP MDT member represents the second discipline on the MDT.
Service Unit	1 hour, billable in 15 minute increments
Rate	See Appendix B. Record Review is billed at the discipline rate.
Service Limitation	No more than 1 billable unit.
Documentation	AzEIP Developmental Evaluation Report.

SECTION 3
OCCUPATIONAL THERAPY SERVICES (OT)

CPT/HCPCS code:	97530	EI OT (Individual)
[Modifier]	97530 [UN]	EI OT (2 Children)
	97530 [UP]	EI OT (3 Children)
	97530 [TLD]	EI OT (Team Lead direct with family)
	97530 [TLN]	EI OT (Team Lead not direct with family)
	97530 [TC]	EI OT (Team Conferencing)
	97530 [M]	EI OT (Attending IFSP/review, Transition Conference and/or IEP meeting)

Provider Qualifications Meet AzEIP Personnel Qualifications

Definition See Appendix A.

Service Unit 1 hour, billable in 15 minute increments

Rate See Appendix B.

Team Lead rates are the same as the discipline specific rates; however, the appropriate team lead modifier (TLD or TLN) must be used.

Service Authorization Services must be authorized in the child's IFSP. The date of service must be within 45 days of parental consent or on the Planned Start Date if that date is greater than 45 days.

Service Limitation **Team Lead** may bill a maximum of one additional unit per month for team lead activities on behalf of a family and child, but not in direct contact with the family and child. This additional team lead unit shall be billed at the clinic rate, with the [TLN] modifier since it does not require direct work with the family and child.

Team Conferencing - each core team discipline shall bill up to a maximum of .75 units (45 minutes) per quarter (i.e., .25 unit per month) for team conferencing for a child/family unless otherwise pre-approved by DES/AzEIP in writing.

Documentation DES/AzEIP Required Format; Team Meeting Minutes

CHAPTER 6

SECTION 1

PHYSICAL THERAPY EVALUATION

Procedure	
CPT/HCPCS code:	97001 Physical Therapy Evaluation
Provider Qualifications	Meet AzEIP Personnel Qualifications
Definition	See Appendix A.
Service Unit	The unit of service for Evaluation is one complete evaluation, including report writing, regardless of the length of time taken to conduct the evaluation. The Natural Evaluation Rate for therapists includes travel time and mileage; a therapist billing the Natural Evaluation Rate will not bill travel time or mileage.
Rate	See Appendix B.
Service Authorization	Eligibility/Re-eligibility Determination for AzEIP
Service Limitation	Evaluations are conducted (and billed) for two purposes only 1) to determine a child's initial eligibility for AzEIP, and 2) to re-determine a child's continuing eligibility for the program.
Documentation	Developmental Evaluation Report; See Team-Based Model Manual

SECTION 2

REVIEW OF RECORDS – ELIGIBILITY DETERMINATION

Procedure	
CPT/HCPCS code:	97110 [C] Physical Therapy
[Modifier]	
Provider Qualifications	Meet AzEIP Personnel Qualifications
Definition	One member of the child's AzEIP Multidisciplinary Team (MDT) reviews an existing evaluation completed by a professional, of the same discipline, outside of AzEIP. The AzEIP MDT member, of the same discipline, reviews the evaluation to determine if there is current and sufficient data to use as a second source in determining AzEIP eligibility. The AzEIP professional represents the second discipline on the MDT.
Service Unit	1 hour, billable in 15 minute increments
Rate	See Appendix B. Record Review is billed at the discipline rate.
Service Limitation	No more than 1 billable unit.
Documentation	AzEIP Developmental Evaluation Report.

SECTION 3
PHYSICAL THERAPY SERVICES (PT)

Procedure	
CPT/HCPCS code:	97110 EI PT (Individual)
[Modifier]	97110 [UN] EI PT (2 Children)
	97110 [UP] EI PT (3 Children)
	97110 [TLD] EI PT (Team Lead direct with family)
	97110 [TLN] EI PT (Team Lead not direct with family)
	97110 [TC] EI PT (Team Conferencing)
	97110 [M] EI PT (Attending IFSP, Transition Conference and/or IEP meeting]
Provider	
Qualifications	Meet AzEIP Personnel Qualifications
Definition	See Appendix A
Service Unit	1 hour, billable in 15 minute increments
Rate	See Appendix B.
	Team Lead rates are the same as the discipline specific rates; however, the appropriate team lead modifier (TLD or TLN) must be used.
Service	
Authorization	Services must be authorized in the child's IFSP. The date of service must be within 45 days of parental consent or on the Planned Start Date if that date is greater than 45 days.
Service Limitation	Team Lead may bill a maximum of <u>one</u> additional unit per month for team lead activities on behalf of a family and child, but not in direct contact with the family and child. This additional team lead unit shall be billed at the clinic rate with the [TLN] modifier since it does not require direct work with the family and child.
	Team conferencing - each core team discipline shall bill up to a maximum of 75 units (45 minutes) per quarter (i.e., .25 unit per month) for team conferencing or a child/family unless otherwise pre-approved by DES/AzEIP in writing.
Documentation	DES/AzEIP Required Format; Team meeting Minutes

CHAPTER 7
SECTION 1
SPEECH-LANGUAGE PATHOLOGY EVALUATION

Procedure	
CPT/HCPCS code:	92506 EI Speech-Language Pathology Evaluation
Provider Qualifications	Meet AzEIP Personnel Qualifications
Definition	See Appendix A.
Service Unit	The unit of service for Evaluation is one complete evaluation, including report writing, regardless of the length of time taken to conduct the evaluation. The Natural Evaluation Rate for therapists includes travel time and mileage; a therapist billing the Natural Evaluation Rate shall not bill travel time or mileage.
Rate	See Appendix B.
Service Authorization	Eligibility/Re-eligibility Determination for AzEIP
Service Limitation	Evaluations are conducted (and billed) for two purposes only 1) to determine a child's initial eligibility for AzEIP, and 2) to re-determine a child's continuing eligibility for the program
Documentation	Developmental Evaluation Report; See Team-Based Model Manual

SECTION 2
REVIEW OF RECORDS – ELIGIBILITY DETERMINATION

Procedure	
CPT/HCPCS code:	92506 [C] Speech-language Pathology
[Modifier]	
Provider Qualifications	Meet AzEIP Personnel Qualifications
Definition	One member of the child's AzEIP Multidisciplinary Team (MDT) reviews an existing evaluation completed by a professional, of the same discipline, outside of AzEIP. The AzEIP MDT member, of the same discipline, reviews the evaluation to determine if there is current and sufficient data to use as a second source in determining AzEIP eligibility. The AzEIP professional represents the second discipline on the MDT.
Service Unit	1 hour, billable in 15 minute increments
Rate	See Appendix B. Billed at the discipline rate.
Service Limitation	No more than 1 billable unit.
Documentation	AzEIP Developmental Evaluation Report

SECTION 3
SPEECH-LANGUAGE PATHOLOGY SERVICE

Procedure code	92507	EI SPT (Individual)
CPT/HCPCS code:	92507 [UN]	EI SPT (2 Children)
[Modifier]	92507 [UP]	EI SPT (3 Children)
	92507 [TLD]	EI SPT (Team Lead direct with family)
	92507 [TLN]	EI SPT (Team Lead not direct with family)
	92507 [TC]	EI SPT (Team Conferencing)
	92507 [M]	EI SPT (Attending IFSP meeting, Transition Conference and/or IEP meeting)
Provider	Qualifications Meet AzEIP Personnel Qualifications	
Definition	See Appendix A.	
Service Unit	1 hour, billable in 15 minute increments	
Rate	See Appendix B. Team Lead rates are the same as the discipline specific rates; however, the appropriate team lead modifier (TLD or TLN) must be used.	
Service Authorization	Services must be authorized in the child's IFSP. The date of service must be within 45 days of parental consent or on the Planned Start Date if that date is greater than 45 days.	
Service Limitation	Team Lead may bill a maximum of <u>one</u> additional unit per month for team lead activities on behalf of a family and child, but not in direct contact with the family and child. This additional team lead unit shall be billed at the clinic rate with [TLN] modifier since it does not require direct work with the family and child. Team Conferencing each core team discipline shall bill up to a maximum of .75 units (45 minutes) per quarter (i.e., .25 unit per month) for team conferencing for a child/family unless otherwise pre-approved by DES/AzEIP in writing.	
Documentation	DES/AzEIP Required Format; Team Meeting Minutes	

CHAPTER 8
SECTION 1
DEVELOPMENTAL SPECIAL INSTRUCTION EVALUATION

Procedure	
CPT/HCPCS code:	S9445 [HO] DSI Evaluation Master's Degree
Provider Qualifications	Meet AzEIP Personnel Qualifications – Master's Degree
Definition	See Appendix A.
Service Unit	1 hour, billable in 15 minute increments
Rate	See Appendix B.
Service Authorization	Up to a maximum of 3 units per evaluation with report.
Service Limitation	Evaluations are conducted (and billed) for two purposes only 1) to determine a child's initial eligibility for AzEIP, and 2) to re-determine a child's continuing eligibility for the program.
Documentation	AzEIP Developmental Evaluation Report; See Team-Based Model Manual

SECTION 2

DEVELOPMENTAL SPECIAL INSTRUCTION SERVICES

Procedure

CPT/HCPCS code:	S9445	[HO]	DSI Master's Degree (Individual)
[Modifier]	S9445	[HO, UN]	DSI Master Degree (2 Children)
	S9445	[HO, UP]	DSI Master Degree (3 Children)
	S9445	[HO, TLD]	DSI Master Degree (Team Lead direct with family)
	S9445	[HO, TLN]	DSI Master Degree (Team Lead not direct with family)
	S9445	[HO, TC]	DSI Master's Degree (Team Conferencing)
	S9445	[HO, M]	DSI Masters Degree (Attending IFSP meeting/review, Transition Conference and/or IEP meeting)

Provider

Qualifications

Meet AzEIP Personnel Qualifications – Master's Degree

Definition

See Appendix A.

Service Unit

1 hour, billable in 15 minute increments

Rate

See Appendix B.

Team Lead rates are the same as the discipline specific rates.

Service

Authorization

Services must be authorized in the child's IFSP. The date of service must be within 45 days of parental consent or on the Planned Start Date if that date is greater than 45 days.

Service Limitation

Team Lead may bill a maximum of one additional unit per month for team lead activities on behalf of a family and child, but not in direct contact with the family and child. This additional team lead unit shall be billed at the clinic rate with the [TLN] modifier since it does not require direct work with the family and child

Team Conferencing - each core team discipline shall bill up to a maximum of 75 units (45 minutes) per quarter (i.e., .25 units per month) for team conferencing for a child/family unless otherwise pre-approved by DES/AzEIP in writing.

Documentation

DES/AzEIP Required Format; Team Meeting Minutes

SECTION 3
DEVELOPMENTAL SPECIAL INSTRUCTION EVALUATION

Procedure	
CPT/HCPCS code:	S9445 [HN] DSI Evaluation Bachelor's Degree
Provider Qualifications	Meet AzEIP Personnel Qualifications- Bachelor's Degree
Definition	See Appendix A.
Service Unit	1 hour, billable in 15 minute increments
Rate	See Appendix B.
Service Authorization	Up to a maximum of 3 units per evaluation with report.
Service Limitation	Evaluations are conducted (and billed) for two purposes only 1) to determine a child's initial eligibility for AzEIP, and 2) to re-determine a child's continuing eligibility for the program.
Documentation	AzEIP Developmental Evaluation Report; See Team-Based Model Manual

SECTION 4

DEVELOPMENTAL SPECIAL INSTRUCTION SERVICES

Procedure

CPT/HCPCS code:

[Modifier]

S9445 [HN]	DSI Bachelor's Degree (Individual)
S9445 [HN, UN]	DSI Bachelor's Degree (2 Children)
S9445 [HN, UP]	DSI Bachelor's Degree (3 Children)
S9445 [HN, TLD]	DSI Bachelor's Degree (Team Lead direct with family)
S9445 [HN, TLN]	DSI Bachelor's Degree (Team Lead not direct with family)
S9445 [TC]	DSI Bachelor's (Team Conferencing)
S9445 [HN, M]	DSI Bachelor's Degree (Attending IFSP meeting/review, Transition Conference and/or IEP meeting)

Provider

Qualifications

Meet AzEIP Personnel Qualifications – Bachelor's Degree

Definition

See Appendix A.

Service Unit

1 hour, billable in 15 minute increments

Rate

See Appendix B. Team Lead billed at the discipline specific rates.

Service

Authorization

Services must be authorized in the child's IFSP. The date of service must be within 45 days of parental consent or on the Planned Start Date if that date is greater than 45 days.

Service Limitation

Team Lead may bill a maximum of one additional unit per month for team lead activities on behalf of a family and child, but not in direct contact with the family and child..

Team Conferencing - each core team discipline shall bill up to a maximum of 75 units (45 minutes) per quarter (i.e., .25 units per month) for team conferencing for a child/family unless otherwise pre-approved by DES/AzEIP in writing.

Documentation

DES/AzEIP Required Format; Team Meeting Minutes

CHAPTER 9
SECTION 1
SOCIAL WORK SERVICES (SW) – MASTER’S

Procedure

CPT/HCPCS code:	T1027 [HO]	SW Master’s Degree (Individual)
	T1027 [HO, UN]	SW Master’s Degree (2 Children)
	T1027 [HO, UP]	SW Master’s Degree (3 Children)
	T1027 [HO, TC]	SW Master’s Degree (Team Conferencing)
	T1027 [HO, M]	SW Master’s Degree (Attending IFSP meeting/reviews)

Provider

Qualifications

Meet AzEIP Personnel Qualifications - Master’s Degree

Definition

See Appendix A.

Unit of Service

1 hour, billable in 15 minute increments

Rate

See Appendix B.

Service

Authorization

Services must be authorized in the child’s IFSP. The date of service must be within 45 days of parental consent or on the Planned Start Date if that date is greater than 45 days.

Service Limitation

Social Worker is not considered part of the “core team” and **shall not act as team lead.**

A social worker may be a second team member utilized as part of the multidisciplinary team only in those infrequent circumstances when needed to assist in determining eligibility. Documentation of the instances when a social worker are utilized shall be documented in the child’s file. Social Worker can bill up to three units for evaluation, which includes report writing.

Social worker may work directly with families, in a coaching capacity with the team lead or in a coaching capacity with the entire team.

Social Worker may only bill for team conferencing (.25 units for team conferencing per month or .75 per quarter), for a child who has social work services on his/her IFSP.

Documentation

DES/AzEIP Required Format.

SECTION 2

SOCIAL WORK SERVICES (SW) - Bachelor's

Procedure Code CPT/HCPCS code:	T1027 [HN] SW Bachelor's Degree (Individual) T1027 [HN, UN] SW Bachelor's Degree (2 Children) T1027 [HN, UP] SW Bachelor's Degree (3 Children) T1027 [HN, TC] Team Conferencing T1027 [HN, M] SW Bachelor's Degree (Attending IFSP meeting/reviews)
Provider Qualifications	Meet AzEIP Personnel Qualifications – Bachelor's Degree
Definition	See Appendix A
Service Unit	1 hour, billable in 15 minute increments
Rate	See Appendix B.
Service Authorization	Services must be authorized in the child's IFSP. The date of service must be within 45 days of parental consent or on the Planned Start Date if that date is greater than 45 days.
Service Limitation	<p>Social Worker is not considered part of the "core team" and shall not act as team lead.</p> <p>A social worker may be a second team member utilized as part of the multidisciplinary team only in those infrequent circumstances when needed to assist in determining eligibility. Documentation of the instances when a social worker are utilized shall be documented in the child's file. Social worker can bill up to three units for evaluation, which includes report writing.</p> <p>Social worker may work directly with families, in a coaching capacity with the team lead or in a coaching capacity with the entire team.</p> <p>Social Worker may only bill for team conferencing (.25 units for team conferencing per month or .75 per quarter), for a child who has social work services on his/her IFSP.</p>
Documentation	DES/AzEIP Required Format.

CHAPTER 10
SECTION 1
PSYCHOLOGICAL SERVICES

Procedure Codes CPT/HCPCS code:	99999 EI Psych (Individual) 99999 [UN] EI Psych Services (2 Children) 99999 [UP] EI Psych Services (3 Children) 99999 [TC] EI Psych (Team Conferencing) 99999 [M] EI Psych (Attending IFSP meetings/reviews)
Provider Qualifications	Meet AzEIP Personnel Qualifications
Definition	See Appendix A.
Service Unit	1 hour, billable in 15 minute increments
Rate	See Appendix B.
Service Authorization	Services must be authorized in the child's IFSP. The date of service must be within 45 days of parental consent or on the Planned Start Date if that date is greater than 45 days.
Service Limitation	<p>Psychologists are not considered part of the "core team" and shall not act as team lead.</p> <p>A psychologist may be a second team member utilized as part of the multidisciplinary team only in those infrequent circumstances when needed to assist in determining eligibility. Documentation of the instances when a psychologist is utilized shall be documented in the child's file. Psychologist can bill up to three units for evaluation, which includes report writing.</p> <p>Psychologist may work directly with families, in a coaching capacity with the team lead or in a coaching capacity with the entire team.</p> <p>Psychologist may only bill for team conferencing (.25 units for team conferencing per month or .75 per quarter), for a child who has psychology services on his/her IFSP.</p>
Documentation	DES/AzEIP required format.

CHAPTER 11
SECTION 1
Service Coordination - Dedicated

Procedure	
CPT/HCPCS code:	T1016 [SCD] Service Coordination directly with family T1016 [SCN] Service Coordination not directly with family
Provider	
Qualifications	Meet AzEIP Personnel Qualifications
Definition	See Appendix A.
Service Unit	1 hour, billable in 15 minute increments
Rate	See Appendix B. (There is one rate for a dedicated service coordinator -a service coordinator who does not act in any other team capacity.)
Service Authorization	Services must be authorized in the child's IFSP. The date of service must be within 45 days of parental consent or on the Planned Start Date if that date is greater than 45 days.
Service Limitation	<p>A <u>dedicated service coordinator</u> shall bill travel time when undertaking service coordination functions directly <u>with</u> the family, such as facilitating an IFSP meeting.</p> <p>Billable service coordination activities are identified in the contract and include:</p> <ul style="list-style-type: none">❖ coordinating the process of evaluations and assessments to determine initial and on-going eligibility❖ participating in the development of the initial IFSP;❖ facilitating 6-month reviews and annual evaluations of Individualized Family Service Plans and transition plans;❖ assisting families in identifying and accessing available agency and community supports and services;❖ coordinating and monitoring the delivery of available services;❖ informing families of the availability of advocacy services;❖ coordinating with community resources, medical and health providers, and;❖ facilitating the development of a transition plan for preschool services, if appropriate.
Documentation	The AzEIP Service Coordination log must be completed for each contact and/or activity the service coordinator conducts directly or not directly with the family, including time spent on each activity.

SECTION 2
Service Coordination - Dual

CPT/HCPCS code: **97530 [SCD] or [SCN] Occupational Therapist**
[Modifier] **97110 [SCD] or [SCN] Physical Therapists**
 92507 [SCD] or [SCN] Speech-Language Pathologist
 S9445 [SCD] or [SCN] Developmental Special Instructionist

**Individual Provider
Qualifications**

Meet AzEIP Personnel Qualifications

Definition

See Appendix A.

Service Unit

1 hour, billable in 15 minute increments

Rate

Discipline specific rate, which includes travel. See Appendix B.

Service

Limitation:

Billable service coordination activities are identified in the contract and include:

- ❖ coordinating the process of evaluations and assessments to determine initial and on-going eligibility
- ❖ participating in the development of the initial IFSP;
- ❖ facilitating 6-month reviews and annual evaluations of Individualized Family Service Plans and transition plans;
- ❖ assisting families in identifying and accessing available agency and community supports and services;
- ❖ coordinating and monitoring the delivery of available services;
- ❖ informing families of the availability of advocacy services;
- ❖ coordinating with community resources, medical and health providers, and;
- ❖ facilitating the development of a transition plan for preschool services, if appropriate.

Documentation

The AzEIP Service Coordination log must be completed for each contact and/or activity the service coordinator conducts directly with the family or on behalf of the family, including time spent on each activity.

SECTION 3
Service Coordination – Data Entry Functions

Procedure

CPT/HCPCS code: **T1016 [SDF] Service Coordination – Data Entry Functions**

Provider

Qualifications

The program has data entry clerk entering child-specific (demographic and service delivery) information in the ACTS 4-A data system on behalf of the AzEIP Service Coordinator. This person does not need to meet the AzEIP qualifications for a Service Coordinator.

Definition

Child-specific data entry into ACTS 4-A

Service Unit

15 minute increments

Rate

See Appendix B. - Dedicated Service Coordinator

Service Authorization

Up to .25 units per child, per calendar quarter (January-March, April-June, July-September, and October –December).

Service Limitation

Data entry for an individual child into ACTS 4-A to ensure AzEIP required data is entered timely, accurately and completely.

DOES not include data entry related to billing.

CHAPTER 13

Third Party Billing/Use of Public or Private Insurance

AzEIP agencies and programs must ensure all funding sources (private insurance, AHCCCS or CMDP) are accessed before Part C funding is used as a funding source. However, parents must be fully informed of these potential costs to them, and they must provide consent prior to an agency or program attempts to access their private insurance.

If the child is eligible for AHCCCS, including CMDP, the Contractor must follow the revised AHCCCS/AzEIP procedures. If the services requested through the AHCCCS Health Plan has not been approved or denied prior to the planned start date on the IFSP, or if the service will not start on the planned start date determined by the IFSP team, the service can be billed to AzEIP until the approval or denial from the health plan is received. Once approval is obtained the costs must shift to AHCCCS Health Plans.

The AzEIP Consent to Use Private Insurance form (see Team-Based Model Manual) must be in the child's file to document a parent's informed consent before their private health insurance is accessed for payment of AzEIP services.

Billing for Services Potentially Covered by TPL (Third Party Liability) when parents have provided consent:

- If the family has a deductible, bill the insurance company for the service and bill AzEIP until the deductible is met. Families are not required to pay until their deductible is met.
- If the family has co-pay and the insurance company reimburses you less than your contracted rate, you may bill AzEIP up to the amount of the rate for the service per your contract. For example, the insurance company pays \$60.00 for one unit of speech therapy in the natural environment and the family has a \$10.00 co-pay. The rate AzEIP pays for the service is \$80.88. You can bill AzEIP the remaining cost to you which would be \$20.88. Families are not to be asked to pay for the co pay.

Please refer to the ACIS Invoice Billing User Guide for more information on billing for potentially covered services by TPL.

Appendix “A”

Definitions

1. Assessment means ongoing procedures used by appropriate, qualified personnel throughout a child's period of eligibility to identify:
 - a. the child's unique strengths and needs and the services appropriate to meet those needs; and
 - b. the resources, priorities and concerns of the family and the identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.
2. Contractor Services include the following:
 - a. occupation therapy;
 - b. physical therapy;
 - c. psychology;
 - d. service coordination;
 - e. social work;
 - f. speech-language pathology, and
 - g. developmental special instruction
3. Core Team - The following constitutes a core team:
 - a. occupation therapist;
 - b. physical therapist;
 - c. speech-language pathologist;
 - d. developmental special instructionist (a.k.a. early interventionist or developmental specialist) and
 - e. service coordinator.

The core differs from the family's IFSP team, which may include some or all core team members. The core team reviews and discusses progress toward IFSP outcomes in order to support the team lead and other IFSP team members in developing and modifying strategies to obtain IFSP outcomes, respond to family questions. The family is invited to participate in core team discussion regarding their family. If the family participates in the core team discussion and an IFSP change is identified and agreed upon by the family, a revision may be made in accordance with AzeIP IFSP policies and guidance documents. In most circumstances, the core team will not make IFSP decisions and never without full participation of the parents.

4. DES database means the automated database of DES used to collect data for AzeIP. That database currently is the Arizona Child Tracking System (ACTS).
5. Early Intervention Services are those services identified in IDEA, Part C, which assist families in providing learning opportunities that facilitate their child's successful engagement in relationships, activities, routines, and events of everyday life. Services are provided in the context of the family's typical routines and activities so that information is meaningful and directly relevant to supporting the child to fully participate in his or her environment. Early Intervention Services include:
 - a. *Assistive technology device* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. *Assistive technology service* means the service that

directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive Technology services include-

- (i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- (ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- (iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- (iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (v) Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
- (vi) Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

b. *Audiology* includes:

- (i) Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
- (ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- (iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- (iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- (v) Provision of services for prevention of hearing loss; and
- (vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

c. *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

d. *Health services* (only those services necessary to enable a child to benefit from other early intervention services and as fully described in 34 C.F.R. §303.13).

e. *Medical services only for diagnostic or other evaluation purposes* means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

f. *Nursing services* includes:

- (i) The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- (ii) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- (iii) Administration of medications, treatments, and regimens prescribe by a licensed physician.

g. *Nutrition services* includes:

- (i) Conducting individual assessments in-
 - a. Nutritional history and dietary intake;

- b. Anthropometric, biochemical, and clinical variables;
 - c. Feeding skills and feeding problems; and
 - d. Food habits and food preferences;
 - (ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and
 - (iii) Making referrals to appropriate community resources to carry out nutrition goals.
- h. *Occupational therapy* includes services to address the functional needs of a child related to adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, schools, and community settings, and include-
- (i) Identification, assessment, and intervention;
 - (ii) Adoption of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
 - (iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- i. *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include-
- (i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
 - (ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 - (iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- j. *Psychological services* includes:
- (i) Administering psychological and developmental tests and other assessment procedures;
 - (ii) Interpreting assessment results;
 - (iii) Obtaining, integrating, and interpreting information about child behavior and child and family conditions related learning, mental health and development; and
 - (iv) Planning and managing a program of psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
- k. *Service coordination services* means assistance and services provided by a service coordinator to a child eligible under this part and the child's family. The Contractor service coordinator shall serve as the single point of contact for:
- i. Assisting and enabling the child's family to receive the rights, procedural safeguards, and services authorized to be provided by the State.
 - ii. Coordinating and monitoring the delivery of services across agency lines.
 - iii. Assisting parents in gaining access to the early intervention services and other services identified on their IFSP in a timely manner.
 - iv. Continuously seeking the appropriate services and situations necessary to benefit the development of the child.
 - v. Ensuring coordination and completion of evaluations and assessments.
 - vi. Participating in the development, review, writing, and evaluation of the IFSP.
 - vii. Informing families of the availability of advocacy services.
 - viii. Coordinating with medical and health providers.

- ix. Providing and explaining the AzEIP Family Survey to families at each annual IFSP meeting and at or near exit from early intervention. If requested by families, the service coordinator assists the family in completing and/or submitting the survey.
- x. Ensuring designation of the appropriate educational/early intervention parent, including a surrogate parent, if needed.
- xi. Facilitating timely transition planning to support the child's transition to preschool and other appropriate community services by their 3rd birthday. Transition planning includes notification to the Public Education Agency (PEA), convening a transition conference, and identifying and implementing the transition steps and services in accordance with the Transition Intergovernmental Agreement between the Arizona Department of Economic Security and the Arizona Department of Education.
- xii. Ensuring that all required data is entered into the DES automated system; that the data is accurate, complete, and timely. Ensuring that data is submitted to AzEIP according to the prescribed schedule, and following up on any request from AzEIP for clarification, correction, or completion of data.
- xiii. Documenting the service coordination functions and maintaining the child's record.
- xiv. Ensuring the completion of the Child Indicators Summary form at or near an eligible child's entrance to and exit from the early intervention program.
- xv. Participating in regular core team meetings.
- xvi. Gathering records and conducting developmental screenings, as appropriate to determine if the child is suspected of having a delay or disability.
- xvii. Meeting with the family and describing the purpose and scope of early intervention.
- xviii. Coordinating with the Multidisciplinary team and, if eligible, the Team Lead and other team members to ensure that information is shared with the family and, as appropriate, core team members.
- xvix. Identify professionals with appropriate expertise, licensure, and availability to provide non-contractor early intervention services.

l. *Social work services* includes:

- (i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- (ii) Preparing a social or emotional developmental assessment of the child within the family context;
- (iii) Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- (iv) Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
- (v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services; and

m. *Special instruction* includes:

- (i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- (ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
- (iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and
- (iv) Working with the child to enhance the child's development.

n. *Speech-language pathology* includes:

- (i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal in those skills;
- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
- (iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

o. *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.

p. *Vision services* means:

- (i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorder, delays, and abilities;
- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- (iii) Communication skills training for orientation and mobility training, for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

6. Evaluation means procedures used in accordance with IDEA, Part C, to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. This evaluation includes:

- a. a review of existing information about the child;
- b. a decision regarding the need for additional information;
- c. if necessary, the collection of additional information; and
- d. a review of all information about the child and a determination of eligibility for special education services and needs of the child.

Evaluation tools used must be interpreted as designed. Generally, two standard deviations below the mean or an age equivalent indicating 50% delay meets AzEIP eligibility criteria. Informed clinical opinion must also be utilized in every eligibility determination. Evaluations are conducted (and billed) for two purposes only 1) to determine a child's initial eligibility for AzEIP, and 2) to re-determine a child's continuing eligibility for the program.

7. Individualized Family Service Plan (IFSP) is a written plan developed by a multidisciplinary team, including the parent, which includes:

- a. an integrated statement of the child's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, including health status, based on professionally acceptable objective criteria;
- b. with the concurrence of the family, a statement of the family's priorities, resources, and concerns related to enhancing the development of the child and supporting the family;
- c. a statement of the major functional outcomes expected to be achieved, and the criteria, procedures, and timelines which will be used to determine the degree to which progress is made and whether modifications/revisions of outcomes or services are necessary;
- d. a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified which will be provided and, for each of the services:
- e. the number of days or sessions, the length of time per session, and whether the service will be provided

on an individual or group basis (frequency and intensity);

- f. how the service will be provided (such as consultation, direct service, etc.);
- g. the natural environments and contexts in which the services will be provided including, when appropriate, a justification of the extent to which the services will not be provided in a natural environment, including timelines;
- h. the actual place or places where the service will be provided (location);
- i. the payment arrangements, if any;
- j. to the extent appropriate, non-routine medical and other services the child needs, but are not required under IDEA, Part C, the potential funding sources for those services, and the steps that will be taken to help the family obtain those services. Routine medical services (such as immunizations and "well-baby" care) should not be included, unless a child needs those services and they are not otherwise available or being provided;
- k. the projected dates for beginning services as soon as possible after the IFSP meeting;
- l. the anticipated duration of services; and
- m. the name of the responsible service coordinator.
- n. the steps to be taken to support the transition of the child to preschool services under IDEA, Part B, or to other appropriate community services, must also be included in the IFSP.

8. IFSP Team means the group of individuals who participate in each initial and annual IFSP and must include:

- a. the parent(s) or legal guardian of the child;
- b. other family members, if requested by the parent(s);
- c. an advocate or any other person outside of the family, if requested by the parent(s);
- d. the designated service coordinator;
- e. the person(s) directly involved in conducting the assessment/evaluations; and
- f. person(s) who will be providing services, if appropriate.

If a person(s) directly involved in conducting the assessments/evaluations is not able to attend a meeting, arrangements must be made for the person's involvement through other means, including:

- a. participating in a telephone conference call;
- b. having a knowledgeable authorized representative attend the meeting; or
- a. making pertinent records available at the meeting.

9. Individualized Program Plan (IEP) meeting – the meeting held by the school district to develop the child's IEP to be effective on or before the child's 3rd birthday,

10. Initial Planning Process is the events and activities beginning with referral to AzEIP and include the referral, screening, evaluation, eligibility determination, and, if AzEIP eligible, assessment, identification of family priorities, resources, and interest, and the development of the IFSP. The initial planning process is a seamless experience for families accomplished through relationships with the minimal number of individuals accessing a breadth of expertise. The initial planning process and practices lay the foundation for developing the collaborative relationship between the family and AzEIP, through giving and gathering information to facilitate appropriate next steps.

11. Initial Referral is the first time a child, birth to three, is referred to the Arizona Early Intervention Program via a Contractor, DES/AzEIP, DDD or ASDB for the purpose of determining if s/he is eligible for AzEIP as a child with a developmental delay or disability and who might need early intervention. The "initial referral" is complete when sufficient contact information is provided to identify and locate the child, e.g. name, address and/or phone number. The "initial referral" does not require the completion of an AzEIP application.

12. Rates

- *Natural Rate:* Early intervention services will, to the maximum extent appropriate to the needs of the child, be provided in the natural environment. Natural environments are those settings that are natural or normal for the child's age peers who have no disabilities. (Early intervention may only be provided in an environment other than a natural environment when the outcomes cannot be achieved in a natural environment. The Justification page of the IFSP must be completed.) The natural rate is billed when the early intervention professional provides direct services to the child and/or family in the natural environment, and includes initial and ongoing assessments. Travel time and mileage are not billed separately as they are built into the rate. The unit rate includes completion of documentation requirements.
- *Clinic Rate:* Clinical rates may only be used when a service cannot be provided in the natural environment. In these rare instances, the Justification page of the IFSP will be completed, including the justification for the decision with a timeline to bring the service into the natural environment. The timeline should be no longer than three months. The clinic rate is billed in these circumstances. The unit rate includes completion of *documentation requirements*.
- *Evaluation Rate:* This rate may only be used when a professional is evaluating a child to determine initial eligibility (i.e., during the initial planning process) or to re-determine continuing eligibility, if needed. The evaluation unit of service is one complete evaluation, including documentation, such as report writing. Travel time and mileage are not billed separately.
- *Service Coordination Rate:* Service coordination does not have a natural rate, as the majority of service coordination activities occur in the office setting. Service coordinators can bill for their travel time for conducting service coordination activities, which are activities conducted with the family.
- *Multiple Children Rates:* These rates apply when the service is provided to more than one child, such as when there are two eligible children who are twins or are in a foster home. The team lead and other team members must individualize services to reflect the family's priorities, identified functional outcomes, and expand caregivers' ability to support their children in the context of their routines. This framework promotes simultaneously engaging children as caregivers do throughout the daily routines, rather than working with children sequentially.

21. Team Lead is the primary service provider with expertise most relevant to the child's needs and the IFSP outcomes and is the primary partner with the family in the provision of services. The team lead's focus is on collaborative consultation and coaching of families as the primary intervention strategy to implement jointly-developed, functional IFSP outcomes in natural environments with ongoing coaching and support from other team members. The primary service provider does not single-handedly meet all the service needs of the child. The team remains in place, is involved in team decisions, and actively consults with the primary service provider, periodically visiting with the family as needed.

Appendix “B”

Rates

Attachment Rates*						
	Age	Setting	Base Rate	Tier 1 (10%)	Tier 2 (25%)	Tier 3 (50%)
Therapy Services	0-2	Clinical	\$59.21	\$65.13	\$74.01	\$88.82
		Natural	\$80.88	\$88.97	\$101.10	\$121.32
Therapy Services, 2 Children	0-2	Clinical	\$37.01	\$40.71	\$46.26	\$55.51
		Natural	\$50.55	\$55.61	\$63.19	\$75.83
Therapy Services, 3 Children	0-2	Clinical	\$29.61	\$32.57	\$37.01	\$44.41
		Natural	\$40.44	\$44.48	\$50.55	\$60.66
Therapy Evaluation	0-2	Clinical	\$177.63	\$195.40	\$222.04	\$266.45
		Natural	\$199.30	\$219.23	\$249.13	\$298.95
Developmental Special Instruction (Bachelor's)	0-2	Clinical	\$37.38	\$41.12	\$46.72	\$56.07
		Natural	\$52.87	\$58.16	\$66.09	\$79.30
Developmental Special Instruction (Bachelor's), 2 Children	0-2	Clinical	\$23.36	\$25.70	\$29.20	\$35.04
		Natural	\$33.04	\$36.35	\$41.30	\$49.56
Developmental Special Instruction (Bachelor's), 3 Children	0-2	Clinical	\$18.69	\$20.56	\$23.36	\$28.03
		Natural	\$26.43	\$29.08	\$33.04	\$39.65
Developmental Special Instruction (Master's)	0-2	Clinical	\$52.23	\$57.46	\$65.29	\$78.35
		Natural	\$71.93	\$79.12	\$89.91	\$107.89
Developmental Special Instruction (Master's), 2 Children	0-2	Clinical	\$32.65	\$35.91	\$40.81	\$48.97
		Natural	\$44.96	\$49.45	\$56.19	\$67.43
Developmental Special Instruction (Master's), 3 Children	0-2	Clinical	\$26.12	\$28.73	\$32.65	\$39.18
		Natural	\$35.96	\$39.56	\$44.96	\$53.95
Social Work (Bachelor's)	0-2	Clinical	\$26.09	\$28.70	\$32.61	\$39.13
		Natural	\$38.39	\$42.22	\$47.98	\$57.58
Social Work (Bachelor's), 2 Children	0-2	Clinical	\$16.31	\$17.94	\$20.38	\$24.46
		Natural	\$23.99	\$26.39	\$29.99	\$35.99
Social Work (Bachelor's), 3 Children	0-2	Clinical	\$13.04	\$14.35	\$16.31	\$19.57
		Natural	\$19.19	\$21.11	\$23.99	\$28.79

	Age	Setting	Base Rate	Tier 1 (10%)	Tier 2 (25%)	Tier 3 (50%)
Social Work (Master's)	0-2	Clinical	\$37.48	\$41.23	\$46.85	\$56.22
		Natural	\$53.00	\$58.30	\$66.25	\$79.50
Social Work (Master's), 2 Children	0-2	Clinical	\$23.42	\$25.77	\$29.28	\$35.14
		Natural	\$33.12	\$36.44	\$41.41	\$49.69
Social Work (Master's), 3 Children	0-2	Clinical	\$18.74	\$20.61	\$23.42	\$28.11
		Natural	\$26.50	\$29.15	\$33.12	\$39.75
Psychological Services	0-2	Clinical	\$46.97	\$51.66	\$58.71	\$70.45
		Natural	\$65.17	\$71.69	\$81.47	\$97.76
Psychological Services, 2 Children	0-2	Clinical	\$29.35	\$32.29	\$36.69	\$44.03
		Natural	\$40.73	\$44.81	\$50.92	\$61.10
Psychological Services, 3 Children	0-2	Clinical	\$23.48	\$25.83	\$29.35	\$35.23
		Natural	\$32.59	\$35.84	\$40.73	\$48.88
Service Coordination	All	All	\$38.64	\$42.51	\$48.30	\$57.96

Appendix "C"

TYPE OF SERVICE	0 - 3	Procedure Code	Modifiers												Unit Definition
			Clinical Setting	Natural Setting	Assessment	Attending IFSP Meetings/Trans. Conf, IEP meetings	Team Lead direct with family	Team Lead not direct with family	Team Conference	Multiple Children - 2	Multiple Children - 3	Service Coord direct with family	Service Coord not direct with family	Education level	
Physical Therapy Evaluation	TL	97001	x	x											1 Unit per completed evaluation with report
Physical Therapy	TL	97110	x	x	A	M	TLD	TLN	TC	UN	UP	SCD	SCN		1 hour, billable in 15 minute increments
Occupational Therapy Evaluation	TL	97003	x	x											1 Unit per completed evaluation with report
Occupational Therapy	TL	97530	x	x	A	M	TLD	TLN	TC	UN	UP	SCD	SCN		1 hour, billable in 15 minute increments
Speech Pathology Evaluation	TL	92506	x	x											1 Unit per completed evaluation with report
Speech Pathology	TL	92507	x	x	A	M	TLD	TLN	TC	UN	UP	SCD	SCN		1 hour, billable in 15 minute increments
Developmental Special Instruction-Evaluation Bachelor's Level	TL	S9445	x	x										HN	1 hour, billable in 15 minute increments (up to 3 units)
Developmental Special Instruction-Bachelor's Level	TL	S9445	x	x	A	M	TLD	TLN	TC	UN	UP	SCD	SCN	HN	1 hour, billable in 15 minute increments
Developmental Special Instruction-Evaluation Master's Level	TL	S9445	x	x										HO	1 hour, billable in 15 minute increments (up to 3 units)

TYPE OF SERVICE	0 - 3	Procedure Code	Clinical Setting	Natural Setting	Assessment	Attending IFSP Meetings/Trans. Conf, IEP meetings	Team Lead direct with family	Team Lead not direct with family	Team Conference	Multiple Children - 2	Multiple Children - 3	Service Coord direct with family	Service Coord not direct with family	Education level	Unit Definition
Developmental Special Instruction-Master's Level	TL	S9445	x	x	A	M	TLD	TLN	TC	UN	UP	SCD	SCN	HO	1 hour, billable in 15 minute increments
Social Work BSW	TL	T1027	x	x	A	M			TC	UN	UP			HN	1 hour, billable in 15 minute increments
Social Work MSW	TL	T1027	x	x	A	M			TC	UN	UP			HO	1 hour, billable in 15 minute increments
Psychological Services	TL	99999	x	x	A	M				UN	UP				1 hour, billable in 15 minute increments
Service Coordination-Dedicated	TL	T1016							TC			SCD	SCN		1 hour, billable in 15 minute increments
Service Coordination-Data Entry Functions	TL	T1016											SCF		1 hour, billable in 15 minute increments